

# Financial Sponsorship Form

## Student Information

Student's Name: \_\_\_\_\_

Are you sponsoring yourself? Yes                      No

YES  Submit a bank statement with your name as the account holder

No  Ask your financial sponsor to complete the "Guarantee of Financial Support" below.

## Guarantee of Financial Support *(to be completed by financial sponsor)*

## Sponsor's Information

Sponsor's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Sponsor's Address: \_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State/Country

\_\_\_\_\_ Zip/Postal Code

Sponsor's Phone: \_\_\_\_\_

Sponsor's Email: \_\_\_\_\_

\$

\_\_\_\_\_ AVAILABLE AMOUNT TO STUDENT

*(Amount in U.S. dollars)*

\_\_\_\_\_ Name of Bank or Financial Institution

*(Attach official bank statement showing amount of funds available to student)*

*I understand that I am making a financial commitment to the student for the entire time he/she is enrolled and will not expect the student to pay expenses through unauthorized employment, which is strictly prohibited by the U.S. government. I am submitting an official bank statement with English translation showing a minimum of the estimated dollar amount required for the student as noted on the back of this form. I understand that I am also providing my financial documents to student for his/her F-1 visa application.*

Sponsor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUBMIT THIS FORM

TO:

MiraCosta College International Office  
One Barnard Drive, Oceanside, CA 92056

[iip@miracosta.edu](mailto:iip@miracosta.edu)

# Estimated Costs for International Students

PLEASE NOTE that all costs are subject to change without advance notice

## College Programs (Estimated costs based on 1 academic year or 2 Semesters/9 months)

TUITION/FEES -----	\$ 9000	(\$366 unit x minimum 12 units x 2 semesters plus other fees)
MANDATORY HEALTH INSURANCE FEE-----	\$1,800	(1 year of group insurance premium)
LIVING EXPENSES-----	\$15,500	(Estimated homestay cost + other living expenses)
<hr/>		
<b>TOTAL</b>	<b>\$26,300.00</b>	

## English Language Institute (ELI) Program (Estimated costs based on 2 Sessions/4 months)

APPLICATION FEE-----	\$50	(paid at the time of application)
TUITION/FEES-----	\$ 4,000	(Cost for two 8-week sessions including instruction and fees)
U.S. HEALTH INSURANCE-----	\$ 700	(estimated group health insurance for 4 months)
LIVING EXPENSES-----	\$ 5,800	(Estimated homestay cost + other living expenses)
<hr/>		
<b>TOTAL</b>	<b>\$10,500.00</b>	

### Tuition and Fees for one 8-week session of the English Language Institute (ELI):

<u>Instruction</u>	<u>Insurance</u>	<u>Student Services</u>	<u>Textbook</u>	<u>TOTAL</u>
\$1,745	\$363	\$55	\$65	\$2,228

## Dependent Information

If you are accompanying your *spouse* and or *child* with F-2 dependent visa to travel to the United States, please provide the information below and submit a passport copy for each dependent.

**\*Please note that student or financial sponsor must include additional evidence of financial support for each dependent for \$1,000/month for a spouse and \$500/month for each child.**

Name of Dependents (as shown on Passport)	Relationship to the student	Gender	Date of Birth	Country of Birth	Country of Citizenship

# MiraCosta College

## International Student Application (for F-1 Visa)



Indicate semester or session start date:

College Program	Priority Deadline
<input type="checkbox"/> Fall, year 20 ___	July 1
<input type="checkbox"/> Spring, year 20 ___	November 15
<input type="checkbox"/> Summer, year 20 ___	May 1

English Language Institute (ELI) (website: [www.miracosta.edu/eli](http://www.miracosta.edu/eli))

Session August-October	year 20 ___
Session October-December	year 20 ___
Session January-March	year 20 ___
Session March-May	year 20 ___
Session June-July	year 20 ___

**Your goal:**

- Associate degree
- University transfer degree
- Academic Certificate
- English language training only

**Major/Field of Study:** \_\_\_\_\_

**STUDENT PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last name (Family name) First name Middle name

Country of Birth: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

City of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Sex:  Male  Female

Native (first) language: \_\_\_\_\_

Social Security Number (if you have one): \_\_\_\_\_

NOTE: College students must be at least 18 years old by first day of class. Please check ELI for policy regarding students under 18 years old

Student e-mail address: \_\_\_\_\_

**STUDENT HOME COUNTRY PERMANENT ADDRESS**

**STUDENT ADDRESS IN UNITED STATES**

_____	_____
_____	_____
_____	_____
_____	_____

Country Code \_\_\_ Phone Number: \_\_\_\_\_ Area Code \_\_\_ Phone Number: \_\_\_\_\_

Country Code \_\_\_ Fax Number: \_\_\_\_\_ Area Code \_\_\_ Fax Number: \_\_\_\_\_

**ENGLISH SKILLS**

Please check one of the following:

- I have a TOEFL or other English test score and will enroll directly into college program at MiraCosta College.  
Name of the test: \_\_\_\_\_; Score: \_\_\_\_\_; Test Date(month/year): \_\_\_/\_\_\_/\_\_\_  
A minimum TOEFL score of 450 PBT/133 CBT/46 iBT is required for admission. Please ask ETS to send an official TOEFL score to MiraCosta College (School Code: 4582). Check [www.miracosta.edu/iip](http://www.miracosta.edu/iip) for options to complete English language requirement.
- I do not have a TOEFL or other English test score and will enroll in English Language Institute prior to starting College program.
- I will enroll in English Language Institute only.

**HOW DID YOU HEAR ABOUT MIRACOSTA COLLEGE?**

Website: [www.miracosta.edu](http://www.miracosta.edu)  Friend/Family  Agent: \_\_\_\_\_  Other (please specify): \_\_\_\_\_

**EDUCATIONAL BACKGROUND** List all schools attended. If more space is needed, please attach a separate sheet with additional information.

Name of School	City, Country	Date of Attendance		Language of Instruction	Certificates, Diplomas (yes or no)	Date Received mo/yr
		From(mo/yr)	To(mo/yr)			
High School						
College/University						
U.S. School (language school or college)						
U.S. School (language school or college)						

**VISA INFORMATION**

**Are you currently in the United States?**  Yes  No  
**If no**, have you ever been issued an F-1 visa before?  Yes  No  
**If yes**, what is your current status?  F-1  B-1/B-2  Other: \_\_\_\_\_  
 Please send copies of (1) your passport; (2) visa page; (3) SEVIS I-20 form and (4) Printed I-94  
 Do you plan to travel outside the U.S. prior to attending MiraCosta College? Yes  No   
**If yes**, where are you traveling? \_\_\_\_\_ date of travel: \_\_\_\_\_

**FEDERAL LAW REQUIRES SEVIS I-20 FORM BE SENT DIRECTLY TO STUDENT.**  
 Provide student mailing address to receive express mail (cannot be a PO box).

Name			
Address			
City	Province/State	Zip Code	Country
Phone Number		Email	

**\*If you move before receiving your admission, please send us your new address to: iip@miracosta.edu**

**RELEASE OF INFORMATION**

I hereby give permission to MiraCosta College to release information concerning my student status to the following person(s).

**Please provide name and email address:**

Father: \_\_\_\_\_  Mother: \_\_\_\_\_  
 Guardian: \_\_\_\_\_  Sponsor: \_\_\_\_\_  
 Agent: \_\_\_\_\_  Other: \_\_\_\_\_

I certify that all information written on this application is complete and accurate. I understand that providing false information or excluding information is considered academic dishonesty and will result in denial of admittance and the denial will be entered into the students record. If accepted to MiraCosta College, I hereby agree to abide by all the rules and regulations set forth by the college and the Department of Homeland Security.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**Mail application and required admission documents to:**  
 MiraCosta College  
 Institute for International Perspectives  
 One Barnard Drive  
 Oceanside, CA 92056  
 USA  
 Phone: +1(760)795-6897  
 Fax: +1(760)757-8209  
 E-mail: [iip@miracosta.edu](mailto:iip@miracosta.edu)  
 Website: [www.miracosta.edu/iip](http://www.miracosta.edu/iip)

**APPLICATION FEE FOR English Language Institute**  
 Students attending the English Language Training program are required to pay a non-refundable \$50 application fee. Please indicate payment method:  
 Check in US dollars  money order in US dollars  credit card  
 Credit Card Type:  Visa  MasterCard  
 Print name as it appears on Credit Card:  
 Signature of Card Holder  
 Credit Card Number:  
 \_\_\_\_\_  
 Credit Card expiration \_\_\_\_ / \_\_\_\_ (month/year)

Please staple a \$50 check or money order for ELI only